DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. P378

As a below named inventor, I hereby declare that: My residence, post office address and eitizenship are as stated be
low next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an
original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which
a patent is sought on the invention entitled: Method and Apparatus for Providing Uniform Gas Delivery to
Substrates in CVD and PECVD Processes

ā	is attached hereto. was filed on: Application Serial No. and was amended on (If applicable)				
I hereby state that I have reviewed and in claims, as amended by any amendment rematerial to the examination of this application to accommand the case that the present application is a command and the filing date of the present control of the application for patent of that of the application on which priority is Prior Foreign Application(3).	iderstood the contents of the ferred to above. I acknow that it is not accordance with Tontinuation-in-part applies it is 1.56(a) which became not application. I hereby comes for patent or inventor's certificate has	riedge the duty of litle 37, Code of uton, I further ac available betwee laim foreign price certificate listes	o disclose information which is Federal Regulations, s 1.56 (a). In knowledge the duty to disclose en the filing date of the prior brity benefits under Title 35, United the below and have also identified to below and have also identified to below and have also identified to below and have also identified to the second sec		
2 22	(Number)	(Country)	(Day/Month/Year Filed)		
I hereby claim the benefit under Title 35, United States Code, \$120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35. United States Code, \$112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, \$156(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.					
(Application Serial No.): (Filing (Filing Ser	Date): (Status): Date): (Status): (Status):				
POWER OF ATTORNEY: As a named in prosecute this application and transact all & (List name and registration number)	ventor, I hereby appoint t	he following atto			

Reg. No. 35,074

SEND CORRESPONDENCE TO: Donald R. Boys P.O. Box 187 Aromas, CA 95004

Name: Donald R. Boys

DIRECT TELEPHONE CALLS TO: Donald R. Boys (831) 726-1457 I hereby declare that all statements made begin of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are pusisbable by fine or uppresonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent justued thereon.

Full name of sole or first inventor: Scott William Dunham	
1st inventor's signature 7-7-49	Dated
Residence: 3654 Franklip-Ane., Fremont CA. 94538 Citizenship: US	
Post Office Address: Same	
Full name of 2nd joint inventor, if any:	
2nd inventor's signature:	Date
Residence: Citizenship:	_
Post Office Address:	
Full name of 3rd joint inventor, if any:	
3rd inventor's signature:	Dated
Residence: Citizenship:	_
Post Office Address:	
Full name of 4th joint inventor, if any:	
4th inventor's signature:	Dated
Residence: Citizenship:	
Post Office Address:	
Full name of 5th joint inventor, if any:	
5th inventor's signature:	Dated
Residence: Citizenship:	
Post Office Address:	
Full name of 6th joint inventor, if any:	
6th inventor's signature:	Dated
Residence: Citizenship:	-
Post Office Address:	
Full name of 7th joint inventor, if any:	
7th inventor's signature:	Dated
Residence: Citizenship:	
Post Office Address:	
Gull arms of 9th lains incomes if you	
Full name of 8th joint inventor, if any:	
8th inventor's signature:	Dated:
Residence: Ciuzenship:	
Post Office Address:	

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